

# MEDICINE & Spirituality

## What Is On the Family Physician's Mind?: *Spirituality in Their Clinical Practice*

By Rev. Ken Blank and Dr. John Campbell – Oklahoma Health Center Clinical Pastoral Education Institute, Inc. © 2005

The **Journal of Family Practice** (Volume 51, No. 3, pages 249-254) for March, 2002, addressed the issue of what Family Practitioners think about spirituality in their clinical practice in an article by Mark Ellis, M.D., M.S.P.H., James Campbell, Ph.D., Ann Detwiler-Breidenbach, M.A., and Dena Hubbard.

**The thoughts of Family Practitioners vary widely:** their comfort level dealing with spirituality and their practice of addressing spirituality have much to do with their upbringing, culture, spiritual inclination or awareness, resistance to exposing personal beliefs, and beliefs on whether spiritual discussions will have any impact on patients' illnesses or lives.

Yet, as a whole, the practitioners surveyed in this study, which included board-certified Missouri family physicians representing a range of demographic factors (including age, gender, and religious background), did agree that **there is a role for family physicians in responding to patients' spiritual concerns.**

**The specific settings** in which physicians reported spiritual discussions likely to be **initiated by patients** were: (1) terminal illness, (2) chronic illness, (3) specific conditions, such as heart disease, cancer, or miscarriage, (4) depression, anxiety, or other psychiatric illness, (5) pregnancy, and (6) stressors such as traumatic illness in the family. Additionally, situations such as these prompted spiritual discussions: (7) presence of symptoms without an explanation such as pain, insomnia, or anorexia, (8) loss of a bodily function, (9) role change within a family, or (10) an illness that eroded the patient's self-concept.

**But, a physician may be prompted to ask the patient** about spirituality in the following situations: (a) intensive care unit admission, (b) new diagnosis of a terminal illness, (c) treatment failures, (d) patients' dissatisfaction with progress of treatment, and (e) discussion of advanced care directives.

Among those physicians in this study, about half of the respondents, who regularly address spiritual issues with their patients, most **use screening questions** with a patient after the **patient has provided a cue** they would be open to spirituality discussion or if a **patient has a crisis**. Yet, to borrow a quote from the article attributed to one respondent: '[Spirituality] is one of those areas where you need a small amount of the patient's permission to get started and a lot more of the patient's permission to finish'.

**While many and significant barriers** were noted in the article to raising spiritual issues with patients, **some facilitators or "helps"** were also reported: the doctor should show the patient s/he is willing to engage in and have the time for such discussion and that spiritual confidences will be received in a nonjudgmental manner. The disposition of the physician to be spiritually inclined also appears to be a general prerequisite for facilitating spiritual discussions with patients.

To let us know YOUR opinions on this topic: please send **responses to:**

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